ABC of NC

ABC OF NC SCHOOL FINANCIAL ASSISTANCE PROGRAM

Early Intervention Program: Eligible children include those diagnosed with ASD or identified (by a qualified professional) "at risk" for developing ASD who are in the age range of 12 months to five years at the time of initial admission. Returning students must be no older than 78 months (i.e. 6.5 years) at the start of the state fiscal year. This program is funded through the state of North Carolina and does not have limitations based upon family income.

ABC of NC Financial Aid: Eligible children include those diagnosed with ASD or identified (by a qualified professional) "at risk" for developing ASD who are in the age range of 12 months to 20 years at the time of initial admission. In order to qualify for financial aid through ABC of NC, each family's annual gross income must not exceed $150,000. In order to ensure your child will be considered for financial aid, please provide the following information with the application:

A copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service.

If you are exempt from filing, based on IRS requirements, you must attach document(s) showing all annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.

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Client Information:

Client Name:	Date of Birth:
Sex/Gender:	Diagnosis:

Parent/Caregiver Information:

Parent/Caregiver Name:	Date of Birth:
Sex/Gender:	Preferred Language:
Street Address:	
County:	Phone number(s):
Email Address:	

Getting to know your child:

Current school placement (if applicable):
Current therapy services (if applicable):

Please indicate any medical conditions we should be aware (e.g. seizures/epilepsy, asthma, diabetes, etc.).

Medical condition	**Treatment/Response**

Please list the child's favorites- including toys, activities, foods, characters, etc.

Please list the child's dislikes.

Item/Activity/Other	**His / Her Reaction(s)**

Has the child ever: (if past, please indicate age of onset)

Communication				**Comments:**
Babbled	NEVER	PAST	PRESENT	
Cried to communicate wants/needs	NEVER	PAST	PRESENT	
Pulled others to communicate wants/needs	NEVER	PAST	PRESENT	
Looked to others to communicate wants/needs	NEVER	PAST	PRESENT	
Pointed to communicate wants/needs	NEVER	PAST	PRESENT	
Used sign language	NEVER	PAST	PRESENT	
Used an augmented communication device	NEVER	PAST	PRESENT	
Made 1 word requests	NEVER	PAST	PRESENT	
Made 2-3 word requests	NEVER	PAST	PRESENT	
Made requests in sentences	NEVER	PAST	PRESENT	
Asked questions	NEVER	PAST	PRESENT	
Answered questions	NEVER	PAST	PRESENT	
Conversational with adults	NEVER	PAST	PRESENT	
Conversational with peers	NEVER	PAST	PRESENT	
Repeated words over and over	NEVER	PAST	PRESENT	
Speech difficulties (i.e. hard to understand)	NEVER	PAST	PRESENT	
Talked, but doesn't anymore	NEVER	PAST	PRESENT	
Followed simple instructions	NEVER	PAST	PRESENT	
Followed complex instructions	NEVER	PAST	PRESENT	
Physical				**Comments:**
Lethargic/low energy	NEVER	PAST	PRESENT	
Hyper/overly energetic	NEVER	PAST	PRESENT	
Excessively noisy	NEVER	PAST	PRESENT	
Fleeting attention span	NEVER	PAST	PRESENT	
Required constant attention	NEVER	PAST	PRESENT	
Adaptive				**Comments:**
Had self-limited diet (due to food refusal)	NEVER	PAST	PRESENT	
Fed self finger foods	NEVER	PAST	PRESENT	
Fed self with utensils	NEVER	PAST	PRESENT	
Toilet trained on a schedule	NEVER	PAST	PRESENT	
Initiated toileting	NEVER	PAST	PRESENT	
Difficultly accepting "No"	NEVER	PAST	PRESENT	
Difficulty waiting	NEVER	PAST	PRESENT	
Behaviors of Concern				**Comments:**
Cried, whined or pouted frequently	NEVER	PAST	PRESENT	
Irritable	NEVER	PAST	PRESENT	
Tantrumed frequently	NEVER	PAST	PRESENT	
Engaged in self-injurious behavior (e.g. head banging, hand biting, etc.)	NEVER	PAST	PRESENT	
Engaged in aggressive behavior (e.g. hits, pinches, bites others, etc.)	NEVER	PAST	PRESENT	

Engaged in destructive behaviors (e.g. hits/throws objects, tips furniture, etc.)	NEVER	PAST	PRESENT	
Engaged in elopement (e.g. run/dash away from caregivers in the community)	NEVER	PAST	PRESENT	
Wandered off	NEVER	PAST	PRESENT	

Is there any other information you could provide that would help prepare ABC of NC staff for serving this client/family?

_____ _____

Parent/Guardian Signature *Date*